

Dental Clinical Policy: Removal of Residual Tooth Roots

Reference Number: CP.DP.24

Last Review Date: 12/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Removal of residual tooth roots is a surgical procedure used to remove tooth root structure that remains at or below the level of crestal bone following an unsuccessful extraction attempt leaving a fractured root in bone; and it involves cutting of soft tissue and bone, removal of tooth structure, and closure. This procedure/service includes the administration of local anesthesia, suturing if required, and routine post-operative care.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that removal of residual roots is **medically necessary** when the following conditions are met:
 - A. When tooth roots or fragments of tooth roots remain in bone following a previous incomplete tooth extraction by another provider or provider group;
 - B. When none of the following contraindications apply:
 1. When the removal of residual tooth root(s) is performed by the same provider or within the same provider group that attempted the original failed extraction;
 2. When a conservative non-surgical procedure is possible;
 - C. Required documentation to support medical necessity include the following:
 1. Clinical chart/treatment notes documenting medical necessity for the residual root removal;
 2. A current (within the past six months) diagnostic-quality panoramic or periapical radiograph showing the entire residual tooth root;
 3. Any forms required by state law or regulations.

Coverage Limitation/Exclusions

- II. One D7250 per tooth per lifetime, subject to state regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

| CDT® Codes | Description |
|------------|---|
| D7250 | Removal of residual tooth roots (cutting procedure) |

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

| ICD-10-CM Code | Description |
|----------------|---|
| K01.0 | Embedded tooth |
| K02.3 | Dental caries (decay and cavities) |
| K02.9 | Dental caries, unspecified |
| K03.1 | Ankylosis of teeth |
| K03.89 | Other specified diseases of hard tissues of teeth |
| K03.9 | Diseases of hard tissues of teeth, unspecified |
| K08.3 | Retained dental root |
| S02.5XXA | Fracture of tooth (traumatic), initial encounter for closed fracture |
| S02.5XXB | Fracture of tooth (traumatic), initial encounter for open fracture |
| S02.5XXD | Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing |
| S02.5XXG | Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing |
| S02.5XXK | Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion |
| S02.5XXS | Fracture of tooth (traumatic), sequela |
| Z18.32 | Retained tooth |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|-----------------------------------|-------|---------------|
| Policy developed | 06/20 | 06/20 |
| Policy format changes only | 10/21 | 10/21 |
| Policy revised | 10/21 | 10/21 |
| Annual Review | 12/22 | 12/22 |
| Annual Review | 12/23 | 12/23 |
| Annual Review | 12/24 | 12/24 |

References

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. American Dental Association 2024 CDT Coding Companion. American Dental Association, 2023.
3. Blair, C. Coding with Confidence: The “GoTo” Dental Coding Guide, 2021.
4. Fonseca, R., et al. Oral and Maxillofacial Surgery, Volume 1, second edition. 2009.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and

other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and

Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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